

L110000041151 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

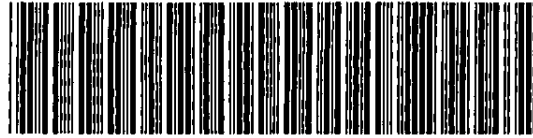
(Business Entity Name)

(Document Number)

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2013 JUN -3 AM 11:20
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2013 JUN -3 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUN - 4 2013

EXAMINED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CPLACE OF ST PETE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron S. Bloom

Name of Person

Firm/Company

310 10th Ave. N.

Address

Safety Harbor, FL 34695

City/State and Zip Code

aaron.bloom.gc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Bloom

Name of Person

at (**727**) **420-2329**

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CPLACE OF ST PETE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/06/2011 and assigned
Florida document number L11000041157.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Aaron S. Bloom

New Registered Office Address: 24641 US Hwy 19 N

Enter Florida street address

Clearwater, Florida 33763
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CPLACE OF FLORIDA HOLDING GROUP, LLC	24641 US HWY 19 N CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	WEST COAST COMMONWEALTH PARTNERS, LLC	24641 US HWY 19 N CLEARWATER, FL 33763	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MORRISON FAMILY LIMITED PARTNERSHIP, LLP	524 BELLE ISLE AVE BELLEAIR BEACH, FL 33786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MIKE WARD	24641 US HWY 19 N CLEARWATER, FL 33763	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LYNDA HEBBELN	24641 US HWY 19 N CLEARWATER, FL 33763	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CAREEN, LLC	606 HARBOR ISLAND CLEARWATER, FL 33767	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

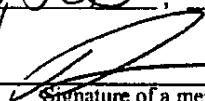
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

June 3, 2013



Signature of a member or authorized representative of a member

Ben Atkins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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